

by being assigned the Forest Service and Bureau of Land Management accounts, where he probably will spend as much time on policy issues as on more traditional appropriations matters. Of the half dozen or so amendments that have been debated and voted upon during consideration of this bill, I think all but one have been related to Leif's area of responsibility. He has acquitted himself very well, and has proven to be a quick study. We are glad to have him with us.

Joe Norrell is also new to our subcommittee this year. Joe performs duties for both the Interior subcommittee and the VA/HUD subcommittee chaired by Senator BOND, and as such is frequently pulled in two different directions by two different masters. He has handled this difficult challenge with commitment and good humor, and has been a great help to both subcommittees.

Finally, I would also like to thank Kari Vander Stoep of my personal staff for her work on the issues in this bill that are of particular importance to the people of Washington state. Kari has done a wonderful job in this regard since her predecessor, Chuck Berwick, departed for business school.

Each of these individuals has already spent many late nights working on this bill, and will likely spend many more such nights over the coming weeks as we move to conference with the House. I want to express my own gratitude for their good work, and also convey the appreciation of the Ranking Member, Senator BYRD, and that of the Senate as a whole.

UNANIMOUS-CONSENT AGREEMENT—H.R. 2684

Mr. LOTT. Mr. President, I ask unanimous consent the following amendments be the only first-degree amendments in order to the HUD-VA appropriations bill and they be subject to relevant second-degree amendments. I further ask consent that Senator WELLSTONE be recognized this evening to offer his amendment. I thank him for being willing to stay here to offer his amendment. We need more Senators willing to stay to get the job done. He will offer a sense of the Senate on atomic veterans. That amendment will be debated tonight. I further ask consent no amendment be in order to the Wellstone amendment prior to the vote, and I ask consent that the vote occur at 9:30 a.m. on Friday, with 2 minutes for debate for closing remarks prior to the vote.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LOTT. As a result of this agreement, there will be no further votes this evening. The first vote tomorrow will be at approximately 9:35 a.m. It is anticipated further votes will occur tomorrow in an effort to conclude HUD-

VA. I talked with Senator DASCHLE. We should and we will finish the HUD-VA appropriations bill tomorrow. We have good managers on this bill. They will push it forward.

The only amendments that we had on the list are the atomic veterans sense of the Senate by Senator WELLSTONE, sense of the Senate regarding education by Senator DASCHLE, an amendment by Senator KERRY regarding section 8 housing, another amendment by Senator KERRY regarding housing aids, one regarding NASA by Senator ROBB, one by Senator TORRICELLI regarding aircraft noise, a managers' package by Senator BOND, one by Senators BENNETT and DODD regarding Y2K, and relevant by Senators BOND and MIKULSKI.

RULE XXII

Mr. LOTT. One final thing, and then the managers can go forward. It is my understanding some of the debate today was not germane to the issue on oil royalties, the issue on which 60 Members voted to invoke cloture earlier today.

Rule XXII clearly states all debate must be germane. Senators THOMAS and Senator HUTCHISON of Texas raised a point of order to guide the debate back to the pending oil royalties subject. The Chair on first blush ruled the debate does not have to be germane.

To better clarify the position of the chairman, I now make a parliamentary inquiry. Is there a requirement under rule XXII that all debate postcloture must be germane to the issue on which cloture was invoked?

The PRESIDING OFFICER. The Senator is correct. All debate postcloture must be germane to the issue on which cloture was invoked.

Mr. LOTT. Mr. President, if a Senator speaks on a subject that is non-germane to the pending issue, is it in order for any Member to raise a point of order against the debate in question?

The PRESIDING OFFICER. It is in order for any Member to raise a point of order relative to the debate. When such a point of order is raised, the Chair will decide if the debate in question is germane or nongermane. If the debate is determined to be germane, the debate in question will resume. If the debate is determined to be non-germane, the Senator will be warned to keep his remarks germane to the pending question. If the Senator continues to speak on a nongermane basis and any Senator raises a point of order against the debate content, the Chair would restate the rule on which the violation is occurring and the Senator in question would immediately lose the floor.

Mr. LOTT. I thank the Chair for that clarification. I therefore withdraw a pending appeal.

The PRESIDING OFFICER. The appeal is withdrawn.

Mr. LOTT. I yield the floor.

Mr. FEINGOLD. Mr. President, I just want to make one clarification concerning the colloquy between the majority leader and the Chair. I have no disagreement with the statements of the Chair concerning the Senate rule on germaneness during the post-cloture debate. However, the majority leader prefaced his inquiry with the statement that it was his understanding that some debate on the oil royalties amendment was not germane. I want to make clear that there was never a ruling that any particular statement made during the debate by any Senator was not germane. I am confident that my remarks during this debate were germane to the issue at hand and I do not interpret the Chair's statement in this colloquy to have suggested or ruled otherwise.

DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2000—Resumed

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative assistant read as follows:

A bill (H.R. 2684) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2000, and for other purposes.

Mr. BOND. Mr. President, may I ask the majority leader, was that a unanimous consent order that the only amendments in order are the ones that were read off?

Mr. LOTT. That is correct. It did say, of course, relevant second-degree amendments would be in order. I believe we only have a half dozen or so amendments we have to consider. I hope most of them can be handled without recorded votes. It does appear there would be a necessity for as many as two recorded votes, maybe three, tomorrow. If the Senators cooperate, I think we can be through with this bill and all amendments before noon tomorrow.

Mr. BOND. I thank the majority leader.

AMENDMENT NO. 1789

(Purpose: To express the sense of the Senate that lung cancer, colon cancer, and brain and central nervous system cancer should be presumed to be service-connected disabilities as radiogenic diseases)

Mr. WELLSTONE. Mr. President, I send an amendment to the desk.

The legislative assistant read as follows:

The Senator from Minnesota [Mr. WELLSTONE] proposes an amendment numbered 1789.

Mr. WELLSTONE. I ask unanimous consent reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

On page 17, between lines 14 and 15, insert the following:

SEC. 108. (a) FINDINGS.—The Senate makes the following findings:

(1) One of the most outrageous examples of the failure of the Federal Government to honor its obligations to veterans involves the so-called "atomic veterans", patriotic Americans who were exposed to radiation at Hiroshima and Nagasaki and at nuclear test sites.

(2) For more than 50 years, many atomic veterans have been denied veterans compensation for diseases, known as radiogenic diseases, that the Department of Veterans Affairs recognizes as being linked to exposure to radiation. Many of these diseases are lethal forms of cancer.

(3) The Department of Veterans Affairs almost invariably denies the claims for compensation of atomic veterans on the grounds that the radiation doses received by such veterans were too low to result in radiogenic disease, even though many scientists and former Under Secretary for Health Kenneth Kizer agree that the dose reconstruction analyses conducted by the Department of Defense are unreliable.

(4) Although the Department of Veterans Affairs already has a list of radiogenic diseases that are presumed to be service-connected, the Department omits three diseases—lung cancer, colon cancer, and central nervous system cancer—from that list, notwithstanding the agreement of scientists that the evidence of a link between the three diseases and low-level exposure to radiation is very convincing and, in many cases, is stronger than the evidence of a link between such exposure and other radiogenic diseases currently on that list.

(b) SENSE OF SENATE.—It is the sense of the Senate that lung cancer, colon cancer, and brain and central nervous system cancer should be added to the list of radiogenic diseases that are presumed by the Department of Veterans Affairs to be service-connected disabilities.

Mr. WELLSTONE. Mr. President, I rise today to offer a sense-of-the-Senate amendment that speaks to the frustrating and infuriating obstacles that have too often kept veterans who were exposed to radiation during military service from getting the disability compensation they deserve. This amendment would put the senate on record as being in favor of adding three radiogenic conditions to the list of presumptively service-connected diseases for which atomic veterans may receive VA compensation, specifically: lung cancer, colon cancer; and tumors of the brain and central nervous system. It is based on a bill I introduced during the last Congress S. 1385, the Justice for Atomic Veterans Act.

But before I speak on the merits of this amendment, I'd like to talk about the frustrating and infuriating obstacles that have beset this amendment in the Senate. I offered an amendment to make the needed change in the law on S. 4, the Soldiers', Sailors', Airmen's, and Marines' Bill of Rights Act of 1999. It was accepted and adopted by the Senate by voice vote. When it became

clear that S. 4 was dead on arrival in the house, I offered this amendment to the Defense Department authorization bill. Again, the amendment was accepted, but it was stripped out in conference. I mention the history of this amendment to my colleagues in the belief that what was acceptable to the Senate three months ago will be acceptable today. But to put my colleagues on notice that this time I am going to insist on a roll call vote and to make it clear that I will be back to offer the actual amendment as many times as I have to so that justice can be done by the atomic veteran.

I believe that the way we treat our veterans does send an important message to young people considering service in the military. When veterans of the Persian Gulf war don't get the kind of treatment they deserve, when the VA health care budget loses out year after year to other budget priorities, when veterans benefits claims take years and years to resolve, what is the message we are sending to future recruits?

How can we attract and retain young people in the service when our government fails to honor its obligation to provide just compensation and health care for those injured during service?

One of the most outrageous examples of our government's failure to honor its obligations to veterans involves "atomic veterans," patriotic Americans who were exposed to radiation at Hiroshima and Nagasaki and at atmospheric nuclear tests.

For more than 50 years, many of them have been denied compensation for diseases that the VA recognizes as being linked to their exposure to radiation—diseases known as radiogenic diseases. Many of these diseases are lethal forms of cancers. I'm sure many of my colleagues have seen the recent headlines about the exposure of workers at the nuclear plant in Paducah, Kentucky. The story of the atomic veteran is very much the same.

I received my first introduction to the plight of atomic veterans from some first-rate mentors, the members of the Forgotten 216th. The Forgotten 216th was the 216th Chemical Service Company of the U.S. Army, which participated in Operation Tumbler Snapper. Operation Tumbler Snapper was a series of eight atmospheric nuclear weapons tests in the Nevada desert in 1952.

About half of the members of the 216th were Minnesotans. What I've learned from them, from other atomic veterans, and from their survivors has shaped my views on this issue.

Five years ago, the Forgotten 216th contacted me after then-Secretary of Energy O'Leary announced that the U.S. Government had conducted radiation experiments on its own citizens. For the first time in public, they revealed what went on during the Nevada

tests and the tragedies and trauma that they, their families, and their former buddies had experienced since then.

Because their experiences and problems typify those of atomic veterans nationwide, I'd like to tell my colleagues a little more about the Forgotten 216th. When you hear their story, I think you have to agree that the Forgotten 216th and other veterans like them must never be forgotten again.

Members of the 216th were sent to measure fallout at or near ground zero immediately after a nuclear blast. They were exposed to so much radiation that their Geiger counters went off the scale while they inhaled and ingested radioactive particles. They were given minimal or no protection. They frequently had no film badges to measure radiation exposure. They were given no information on the perils they faced.

Then they were sworn to secrecy about their participation in nuclear tests. They were often denied access to their own service medical records. And they were provided no medical follow-up.

For decades, atomic veterans have been America's most neglected veterans. They have been deceived and treated shabbily by the government they served so selflessly and unquestioningly.

If the U.S. Government can't be counted on to honor its obligation to these deserving veterans, how can young people interested in the military service have any confidence that their government will do any better by them?

Mr. President, I believe the neglect of atomic veterans should stop here and now. Our government has a long overdue debt to these patriotic Americans, a debt that we in the Senate must help to repay. I urge my colleagues on both sides of the aisle to help repay this debt by supporting this amendment.

My legislation and this amendment have enjoyed the strong support of veterans service organizations. Recently, the Independent Budget for FY 2000, which is a budget recommendation issued by AMVETS, Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), and the Veterans of Foreign Wars (VFW), endorsed adding these radiogenic diseases to VA's presumptive service-connected list.

Let me briefly describe the problem that my amendment is intended to address. When atomic veterans try to claim VA compensation for their illnesses, VA almost invariably denies their claims. VA tells these veterans that their radiation doses were too low—below 5 rems.

But the fact is, we don't really know that and, even if we did, that's no excuse for denying these claims. The result of this unrealistic standard is that

it is almost impossible for these atomic veterans to prove their case. The only solution is to add these conditions to the VA presumptive service-connected list, and that's what my amendment does.

First of all, trying to go back and determine the precise dosage each of these veterans was exposed to is a futile undertaking. Scientists agree that the dose reconstruction performed for the VA is notoriously unreliable.

GAO itself has noted the inherent uncertainties of dose reconstruction. Even VA scientific personnel have conceded its unreliability. In a memo to VA Secretary Togo West, Under Secretary for Health Kenneth Kizer has recommended that the VA reconsider its opposition to S. 1385 based, in part, on the unreliability of dose reconstruction.

In addition, none of the scientific experts who testified at a Senate Veterans' Affairs Committee hearing on S. 1385 on April 21, 1998, supported the use of dose reconstruction to determine eligibility for VA benefits.

Let me explain why dose reconstruction is so difficult. Dr. Marty Gensler on my staff has researched this issue for over five years, and this is what he has found.

Many atomic veterans were sent to ground zero immediately after a nuclear test with no protection, no information on the known dangers they faced, no badges or other monitoring equipment, and no medical follow up.

As early as 1946, ranking military and civilian personnel responsible for nuclear testing anticipated claims for service-connected disability and sought to ensure that "no successful suits could be brought on account of radiological hazards." That quotation comes from documents declassified by the President's Advisory Committee on Human Radiation Experiments.

The VA, during this period, maintained classified records "essential" to evaluating atomic veterans' claims, but these records were unavailable to veterans themselves.

Atomic veterans were sworn to secrecy and were denied access to their own service and medical records for many years, effectively barring pursuit of compensation claims.

It's partly as a result of these missing or incomplete records that so many people have doubts about the validity of dose reconstructions for atomic veterans, some of which are performed more than fifty years after exposure.

Even if these veterans' exposure was less than 5 rems, which is the standard use by VA, this standard is not based on uncontested science. In 1994, for example, GAO stated: "A low level dose has been estimated to be somewhere below 10 rems [but] it is not known for certain whether doses below this level are detrimental to public health."

Despite persistent doubts about VA's and DoD's dose reconstruction, and de-

spite doubts about the science on which VA's 5 rem standard is based, these dose reconstructions are used to bar veterans from compensation for disabling radiogenic conditions.

The effects of this standard have been devastating. A little over two years ago the VA estimated that less than 50 claims for non-presumptive diseases had been approved out of over 18,000 radiation claims filed.

Atomic veterans might as well not even bother. Their chances of obtaining compensation are negligible.

It is impossible for many atomic veterans and their survivors to be given "the benefit of the doubt" by the VA while their claims hinge on the dubious accuracy and reliability of dose reconstruction and the health effects of exposure to low-level ionizing radiation remain uncertain.

This problem can be fixed. The reason atomic veterans have to go through this reconstruction at all is that the diseases listed in my amendment are not presumed to be service-connected. That's the real problem.

VA already has a list of service-connected diseases that are presumed service-connected, but these are not on it.

This makes no sense. Scientists agree that there is at least as strong a link between radiation exposure and these diseases as there is to the other diseases on that VA list.

Mr. President, you might ask why I've included these three diseases in particular—lung cancer; colon cancer; and tumors of the brain and central nervous system—in my amendment. The reason is very simple. The best, most current, scientific evidence available justifies their inclusion. A paper entitled "Risk Estimates for Radiation Exposure" by John D. Boice, Jr., of the National Cancer Institute, published in 1996 as part of a larger work called *Health Effects of Exposure to Low-Level Ionizing Radiation*, includes a table which rates human cancers by the strength of the evidence linking them to exposure to low levels of ionizing radiation. According to this study, the evidence of a link for lung cancer is "very strong"—the highest level of confidence—and the evidence of a link for colon and brain and central nervous system cancers is "convincing"—the next highest level of confidence. So I believe I can say with a great deal of certainty, Mr. President, that science is on the side of this amendment.

Last year, the Senate Veterans' Affairs Committee reported out a version of S. 1385, the Justice for Atomic Veterans Act, which included three diseases to be added to the VAs presumptive list. Two of those diseases, lung cancer and brain and central nervous system cancer, I have included in my amendment. The third disease included in the reported bill was ovarian cancer. Mr. President, I'd like to explain why I

substituted colon cancer for ovarian cancer. It is true that the 1996 study I just cited states that the evidence of a linkage for ovarian cancer to low level ionizing radiation is "convincing," just as it is for colon cancer. But Mr. President, there are no female atomic veterans. The effect of creating a presumption of service connection for ovarian cancer is basically no effect—because no one could take advantage of it. However, the impact of adding colon cancer as a presumption for atomic veterans is significant; atomic veterans will be able to take advantage of that presumption.

The President's Advisory Committee on Human Radiation Experiments agreed in 1995 that VA's current list should be expanded. The Committee cited concerns that "the listing of diseases for which relief is automatically provided—the presumptive diseases provided for by the 1988 law—is incomplete and inadequate" and that "the standard of proof for those without presumptive disease is impossible to meet and, given the questionable condition of the exposure records retained by the government, inappropriate." The President's Advisory Committee urged Congress to address the concerns of atomic veterans and their families "promptly."

The unfair treatment of atomic veterans becomes especially clear when compared to both agent orange and Persian Gulf veterans. In recommending that the administration support S. 1385, Under Secretary for Health Kenneth Kizer cited the indefensibility of denying presumptive service connection for atomic veterans in light of the presumption for Persian Gulf war veterans and agent orange veterans.

In 1993, the VA decided to make lung cancer presumptively service-connected for agent orange veterans. That decision was based on a National Academy of Sciences study that had found a link only where agent orange exposures were "high and prolonged," but pointed out there was only a "limited" capability to determine individual exposures.

For atomic veterans, however, lung cancer continues to be non-presumptive. In short, the issue of exposure levels poses an almost insurmountable obstacle to approval of claims by atomic veterans, while the same problem is ignored for agent orange veterans.

Persian Gulf war veterans can receive compensation for symptoms or illnesses that may be linked to their service in the Persian Gulf, at least until scientists reach definitive conclusions about the etiology of their health problems. Unfortunately, atomic veterans aren't given the same consideration or benefit of the doubt.

Mr. President, I believe this state of affairs is outrageous and unjust. The struggle of atomic veterans for justice

has been long, hard, and frustrating. But these patriotic, dedicated and deserving veterans have persevered. My amendment would finally provide them the justice that they so much deserve.

Let me say this in closing, Mr. President: As I have worked with veterans and military personnel during my time in the Senate, I have seen a troubling erosion of the federal government's credibility with current and former service members. No salary is high enough, no pension big enough to compensate our troops for the dangers they endure while defending our country. Such heroism stems from love for America's sacred ideals of freedom and democracy and the belief that the nation's gratitude is not limited by fiscal convenience but reflects a debt of honor.

Mr. President, this is one of those issues which test our faith in our government. But the Senate can take an important step in righting this injustice. I urge my colleagues from both sides of the aisle to join me in helping atomic veterans win their struggle by supporting by supporting my amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, I compliment the Senator from Minnesota for his persistence and consistent advocacy for a group that is now called the atomic vets. He is absolutely right when he says that every year he offers the amendment and then, because of the pressures of conference, it evaporates. First of all, the atomic vets have no finer champion than the Senator from Minnesota, Mr. WELLSTONE.

From my perspective I support him. Tomorrow, when the call of the roll is made, I will be voting aye.

Mr. President, I thank our colleague from Minnesota for his eloquent comments within the timeframe that enabled Senators to move on to other responsibilities. I really appreciate his courtesy.

Mr. WELLSTONE. I thank the Senator from Maryland for her support. I am honored to have her support. I know the atomic veterans thank her.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BOND. Mr. President, we know how strongly the Senator from Minnesota feels about this. He has been a very forceful and persuasive advocate. We do recognize that because of the rule under which the Senator is proceeding, this is a sense-of-the-Senate amendment. We have turned back to the authorizing committees the job of authorizing. It seems rather traditional to do it that way. I know the Senator wants to make this point. We thank him very much for putting it in the form of a sense-of-the-Senate amendment.

Mr. JOHNSON. Mr. President, the state of the Union is strong. Our country's overall economy is at an all time high, unemployment is at the lowest it has been in years, education is rising, and American homeownership is increasing. Despite all of these factors, our nation—and rural America in particular—is in the midst of an affordable housing shortage crisis. According to reports, 5.3 million Americans pay more than 50 percent in their annual income to rent or living in substandard conditions. This is unacceptable for a society as wealthy as ours, and we must make real progress now to improve housing conditions for all Americans. I would like to take this opportunity to discuss two critically important housing assistance programs that are cut by the short-sighted funding levels in the fiscal year 2000 (FY2000) VA-HUD Appropriations bill.

The Department of Housing and Urban Development (HUD) provides Section 8 rental assistance to nearly three million families through Housing Certificate Funds, including vouchers, certificates, and project-based assistance. The VA-HUD Appropriations bill that we are discussing today provides \$11 billion for the Housing Certificate Fund—which is \$724 million more than the FY1999 level. While I am pleased that the VA-HUD bill ensures funding for all expiring Section 8 contracts for FY2000, I am deeply disappointed that the bill does not attempt to meet the future need for housing assistance by including funding for an additional 100,000 vouchers.

In my state of South Dakota, families in need of housing assistance spend an average of 9 months on a waiting list for current Section 8 vouchers. Sadly, this is actually a better situation than most Americans face. More than 1 million Americans wait an average of 28 months, or over two full years, for Section 8 assistance.

The strong economy in South Dakota has contributed to a shortage of affordable housing in our larger cities. In many of our smaller towns, adequate housing is also at a premium. An additional 100,000 Section 8 vouchers would mean that an additional 321 South Dakota families would receive Section 8 assistance. I urge my colleagues to adequately fund the proposal for 100,000 new Section 8 vouchers because the Section 8 program, simply put, helps families find housing they can afford.

Another housing program that has been extremely valuable for South Dakota and the nation is the Community Builder program. Community Builders have enabled HUD to take a much-needed customer-friendly approach to serving low-income Americans. In South Dakota, Community Builders are working with local governments and housing authorities to provide needed rental assistance statewide.

Community Builders have also worked with the Northeastern Council

of Governments in South Dakota to spread information to several northeastern counties on the services that HUD provides, and how to access these services. Community Builders have facilitated FHA loans for the construction of affordable homes in Rapid City, while also helping the Sioux Empire Housing Partnership become a HUD-approved housing counseling agency. The Community Builder program has begun to address the housing needs in historically underserved communities, many of which have never utilized HUD services in the past. One of my former staffers, Stephanie Helfrich, was a Community Builder Specialist for the Pine Ridge Indian Reservation, and her work has enabled tribal leaders to better utilize HUD's programs to the benefit of one of the most poor populations in the nation.

In conclusion, I understand the strict budget constraints the committee faces in drafting this bill. While I support every effort to keep government spending low, I believe it is a wise investment in our country's future when we ensure that our working families have adequate housing. I will continue to work with my colleagues to find ways to help South Dakota families and families across the nation address their housing needs.

Mr. LIEBERMAN. Mr. President, America is experiencing one of its most prosperous times, yet despite a booming national economy some 5.3 million families are spending more than half of their income on housing or are living in severely substandard housing. In Hartford, Connecticut alone, there are 19,000 families suffering in worst case housing.

Most distressing, more than one million elderly and over two million families with children face an affordable housing crisis.

Recent data indicate that this trend is worsening as housing costs rise faster than the incomes of low-income working families, and the number of affordable public housing units drops. In fact, more than 2 million public housing units were lost between 1973 and 1995, and the Department of Housing and Urban Development indicates that as many as 1,000 more units are being lost each month.

As a result, more than one million Americans languish on waiting lists for public housing or Section 8 vouchers. In Connecticut, the average time for waiting lists for public housing is 14 months and Section 8 vouchers is 41 months.

Last year, Congress passed a significant measure to streamline many public housing programs and focus more resources on families most in need of assistance. This included almost 100,000 new Section 8 vouchers. Tragically, the bill before us today provides no funding for these vouchers. In light of the tremendous need, and the gap that has

grown in housing assistance over the past few years, providing fund for these new rental assistance vouchers is a modest, but crucial step.

These vouchers are not a free ride—families still must pay at least 30 percent of their incomes for rent. Without the vouchers, however, millions of working families and elderly citizens will be unable to secure affordable housing.

Mr. President, I'd like to take a few additional moments to address another program of great importance. Under the leadership of Secretary Cuomo, the Department of Housing and Urban Development has made great strides to create a new, innovative approach to government through the Community Builders Program.

Unfortunately, this appropriations bill would kill this initiative by terminating the 400 Community Builder fellows hired to serve in field offices around the country. This program is the first agency-run program in the Federal Government for experienced local professionals to perform short-term, public service in their communities. It represents a new way of thinking about government service and creates an opportunity to tap well-qualified talent in the community.

Under the program, HUD recruits, hires and trains professional individuals—who have extensive backgrounds in community and economic development, and housing—to serve 2–4 years as community change agents in field offices. To date, 400 people have been hired.

In Hartford, Connecticut, Community Builders have formed a partnership with state officials and national housing financial institutions to cross-train staff on the wide variety of housing finance programs and financing mechanisms available for the development of affordable housing. In addition, they have partnered with the Connecticut Department of Economic and Community Development, the Connecticut Housing Finance Agency, the National Equity Fund, the Local Initiatives Support Corporation, and the Federal Home Loan Bank of Boston to improve coordination and “layering” of programs and delivery of services.

These professionals bring a fresh perspective, the ability to think “outside the box,” and creative outlook on housing and community development programs. Community Builders in Connecticut illustrate the diversified experience and knowledge brought to HUD operations with professional backgrounds in the areas of architect, municipal government, law and business management.

Community Builders are truly change agents in our community. They are knowledgeable about HUD programs, make customer service more efficient, are professionally competent, and are bringing their expertise to make government work better.

I hope that the Senate will reconsider the significance of this program and provide continued support to ensure that our government maintains innovative, customer service oriented programs such as the Community Builders Program.

I thank Senator KERRY and Secretary Cuomo taking action to ensure that working poor families have access to affordable housing and promoting new, innovative approaches to government management. I am proud to stand in support of their efforts.

Mr. SMITH of New Hampshire. Mr. President, I call the Senate's attention to a program that the Environmental Protection Agency (EPA) has initiated that I believe is ill-conceived, wasteful and lacking of public input. The EPA, at the direction of Vice President GORE, has launched a “voluntary” initiative with the chemical industry to test some 2,800 high production volume (HPV) chemicals and substances. The chemicals included in this list are currently manufactured or imported in volumes in excess of one million pounds, many of which have already gone through substantial testing and known to be either hazardous or safe. As chairman of the subcommittee with jurisdiction over the testing and handling of toxic chemicals, I am particularly concerned about how this program will be administered and funded.

This major initiative was launched in October 1998 during a press conference by EPA, the Chemical Manufacturers Association and the Environmental Defense Fund. This initiative calls on industry to voluntarily provide test plans for these 2,800 HPV chemicals by December 1999, after which EPA will mandate tests of the remaining chemicals. Although the first phase of this initiative is voluntary, I'm concerned that there was not adequate public and congressional involvement in the development of this massive undertaking. Only after much urging by concerned Members of Congress, including myself, and other affected interest groups, EPA decided to hold a number of “stakeholder” meetings to share views and information about the HPV program.

The lack of public and congressional input is just one concern that I have with this initiative. There are several other important issues of which the Senate should be aware. A major concern deals with the large amount of unnecessary animal testing that could occur as a result of this program. While obtaining better data on hazardous chemicals is certainly a worthy goal, I am concerned about the extent to which animal testing would be used in lieu of alternative testing methods. I understand that there have been many advances in toxicology, risk assessment and alternative testing strategies that minimize the use of animals, that could be applied.

As I stated earlier, the HPV program calls for testing of many substances that clearly need no further testing. These include chemicals well documented and regulated as dangerous, as well as substances recognized as safe by the Food and Drug Administration. Chemicals with existing data should be purged from the list by EPA. There have been numerous assertions by Administration officials that they have no intention of ordering duplicative testing and remain interested in pursuing alternative testing methods where appropriate. I hope this is true. However, I still have serious concerns about the expedited schedule of the program and how EPA is directing its resources. Therefore, as the subcommittee chairman with oversight responsibility over toxic substances and testing, I plan to closely monitor EPA's implementation of this program.

Mr. CHAFEE. I certainly agree with my colleague from New Hampshire that if this toxicity data is out there and available, then every effort should be made to collect it, verify its relevance to this program, and use it. There is no reason to order duplicative and wasteful testing. But I do hope this can be done in an efficient manner. The collection of this information should not slow down the progress of this program seeking basic toxicity data on the 2,800 chemicals most widely used in the United States. The claim has been made that 90 percent of these chemicals lack full toxicity data and 40 percent have no toxicity data. However, if this data already exists, then let's get it. We need to fill in these data gaps. Finally, even though the EPA has begun to show some willingness to respond to suggestions from stakeholders, I believe that the HPV program would benefit from a hearing in Senator SMITH's subcommittee.

Mr. BOND. I thank the two Senators for their insight and comments on EPA's HPV chemical testing program. We are in agreement that EPA should seek to uncover all existing data in preparation for determining what data gaps exist and test plans need to be developed. EPA should also pursue the validation and incorporation of non-animal testing as soon as practicable. In the meantime, I hope negotiations between the various stakeholder groups bring about some consensus on how best to proceed with this program.

Mr. SMITH of New Hampshire. I thank the Senator from Missouri for his comments and hope we can continue to work together on the monitoring of this and other EPA programs.

EPA RISK MANAGEMENT PROGRAM

Mr. BOND. Mr. President, I thank my colleague for his work on the recently passed legislation, S. 880, dealing with EPA's Risk Management Plan program. I understand that there might be some problems with EPA's implementation of the law with respect to the funding of the program.

Mr. INHOFE. I thank the Senior Senator from Missouri for his recognition, and he is correct that there might be some problems with the implementation of the law. A provision of the law directs companies to conduct a public meeting for local residents regarding the risks of chemical accidents. The facilities are then supposed to send a certification of the FBI stating that they conducted the meeting. It is my understanding that the EPA and FBI have decided that the EPA should collect the certifications and manage them through an EPA contractor. Not only did Congress not appropriate funds for this activity by the EPA but we specifically directed the FBI to collect this information.

Mr. INHOFE. I hope the Appropriations Committee will take a close look at how the EPA is implementing this program. As the chairman of the authorizing subcommittee and the author of the legislation, I will be paying particularly close attention to its implementation.

Mr. BOND. I appreciate the diligence of the Senator from Oklahoma in his oversight. As the chairman of the Appropriations subcommittee, I will also pay close attention to the implementation of this law.

REDUCING SPACE TRANSPORTATION COSTS

Mr. BURNS. Mr. President, reducing space transportation costs to enable more scientific research has been a priority of NASA and this committee. I am aware of several innovative programs developed by NASA and other agencies that attempt to dramatically reduce the cost of space access for missions through transporting individual science instruments within commercial spacecraft. However, I understand NASA is having some difficulty in implementing such "secondary payload programs" because of a lack of a definition of "government payload" in the National Space Transportation Policy. Therefore, I would like the committee to clarify that individual scientific instruments with full or partial government funding riding inside a commercial satellite are not "government payloads" for purposes of the Space Transportation Policy. Would the chairman agree with me that this is something we should address in the conference report?

Mr. BOND. I appreciate the Senator's interest in these new "shared ride" programs which a number of agencies are trying to implement. I understand NASA is trying to get this definition clarified, but that process is taking some time. I think we should support NASA's efforts by addressing this issue in conference report language, and I look forward to working with the Senator to address this issue in conference.

THE NATIONAL SCIENCE FOUNDATION

Mr. INOUE. Mr. President, will the chairman of the Veterans Affairs and Housing and Urban Development and

Independent Agencies Subcommittee yield for a question?

Mr. BOND. I yield for a question from the senior Senator from Hawaii.

Mr. INOUE. I thank the chairman for yielding.

As the chairman knows, the Veterans Affairs and Housing and Urban Development and Independent Agencies Subcommittee has a strong history of support for the behavioral and social science research programs of the National Science Foundation, NSF, dating back to the beginning of this decade. Basic behavioral and social science research, which ranges from research on the brain and behavior to studies of economic decision making, has the potential to address many of our Nation's most serious concerns, including productivity, literacy, violence, and substance abuse, as well as other diverse issues such as information systems, artificial intelligence, and international relations.

Under his leadership and that of our colleague, Senator BARBARA MIKULSKI, the subcommittee strongly encouraged the establishment of a separate directorate for these sciences at NSF and was instrumental in encouraging that directorate to pursue a basic behavioral science research agenda known as the Human Capital Initiative. Most recently, this subcommittee expressed strong support for the planned reorganization of the Social, Behavioral, and Economic Sciences directorate's single research division into two separate divisions, a Behavioral and Cognitive Sciences Division, and a Social and Economic Sciences Division. This reorganization was necessary to accommodate the explosive pace of discovery in the behavioral and social sciences and to promote partnerships with other disciplines.

Basic research in these sciences has contributed to the Nation's economic prosperity and national security. Given the critical importance of these fields to the national interest, and recognizing the enormous strides being made in these sciences, I seek your clarification because the report language included in your committee report may be interpreted to question the value of NSF's programs in these areas. I am also concerned that the language undermines a valuable scientific enterprise. Is it the chairman's understanding that the committee report's intent is to express the committee's belief that NSF's core mission includes support for behavioral and social science research?

Mr. BOND. I thank the Senator from Hawaii for the question. NSF's core mission indeed includes basic research in the behavioral and social sciences, and, let me make it clear, it is my expectation that NSF will continue its strong investment in these areas. Any efforts to narrow NSF's mission to exclude these sciences or to target them

for reduced support would jeopardize the development of the multidisciplinary perspectives that are necessary to solve many of the problems facing the Nation.

Mr. INOUE. Mr. President, I thank the chairman.

NO_x SIP CALL

Mr. SHELBY. Mr. President, I rise at this time to engage in a colloquy with the subcommittee chairman, the Senator from Missouri.

I am concerned about what I feel is an apparent inconsistency and inequity created by two separate and conflicting actions that occurred last May. One was EPA issuing a final rule implementing a consent decree under section 126 of the Clean Air Act that is triggered in essence by EPA not approving the NO_x SIP call revisions of 22 states and the District of Columbia by November 30, 1999. The other was by the United States Court of Appeals for the D.C. Circuit in issuing an order staying the requirement imposed in EPA's 1998 NO_x SIP Call for these jurisdictions to submit the SIP revisions just mentioned for EPA approval.

Caught in the middle of these two events are electric utilities and industrial sources who fear that now the trigger will be sprung next November 30, even though the States are no longer required to make those SIP revisions because of the stay, and even though EPA will have nothing before it to approve or disapprove.

Prior to this, EPA maintained a close link between the NO_x SIP Call and the section 126 rule, as evidenced by the consent decree. I believe a parallel stay would be appropriate in the circumstance. EPA should not be moving forward with its NO_x regulations until the litigation is complete and those affected are given more certainty and clarity as to what is required under the law.

A stay is very much needed, especially in light of EPA's more recent comments suggesting that it may reverse its earlier interpretation of the Clean Air Act regarding State discretion in dealing with interstate ozone transport problems. The effect of such a reversal would be to force businesses to comply with EPA's Federal emission controls under Section 126 without regard to NO_x SIP Call rule and State input.

The proposed reversal is creating tremendous confusion for the businesses and the States. Under EPA's proposed new position, businesses could incur substantial costs in meeting the EPA-imposed section 126 emission controls before allowing the States to use their discretion in the SIP process to address air quality problems, less stringent controls or through controls on other facilities altogether.

Indeed, the fact that these businesses almost certainly will have sunk significant costs into compliance with the

EPA-imposed controls before States are required to submit their emission control plans in response to the NO_x SIP Call rule would result in impermissible pressure on their States to forfeit their discretion and instead simply conform their SIPs to EPA section 126 controls.

The bottom line is that not only do the States and business community not know what EPA is doing, EPA doesn't know what it is doing. This is hardly a desirable regulatory posture for what clearly is promising to be a very costly and burdensome regulation.

Let's be clear what the law is and what it requires, before rather than after the EPA writes and enforces its rules. I think that is a reasonable expectation and a reasonable requirement that the EPA should be able to meet.

Does the chairman agree with me that the EPA should find a reasonable way to avoid triggering the 126 process while the courts deliberate and we have a better understanding of what the law requires States and businesses to do to be in compliance?

Mr. BOND. Mr. President, I very much appreciate the Senator bringing this to the Senate's attention. I agree that this matter should be resolved swiftly. I would encourage and expect the EPA to, over the next several months, find a way that is fair to all sides. In addition, I would expect that any remedy would ensure that the States maintain control and input in addressing air pollution problems through the SIP process. I would be happy to work with the Senator from Alabama to ensure that EPA is fully responsive to these legitimate problems.

VETERANS' HEALTH CARE

Mr. SPECTER. Mr. President, I commend the chairman of the VA, HUD and Independent Agencies Appropriations Subcommittee for successfully managing such a complex appropriations bill as S. 1596. In particular, I want to thank him for recognizing the need for additional funding for veterans health care and increasing that appropriations an additional \$1.7 billion over the President's request. Doing this was very difficult in light of budgetary constraints, but it was the right thing to do and I commend him for his foresight and courage.

Mr. BOND. I thank the senior Senator from Pennsylvania for his kind remarks and for his leadership in urging an additional \$1.7 billion for veterans health care. I also commend my friend for his leadership as chairman of the Senate Committee on Veterans' Affairs in urging medicare subvention for veterans and for gaining Senate approval of increased funding for the GI education bill.

Mr. SPECTER. Mr. President, there is an additional matter in which I would like to have an exchange with

him involving two amendments I have offered. The first involves the need for funding of a unique construction project at the Lebanon VA Medical Center for the growing problem of the long term care needs of veterans. The second involves funding for a needed national veterans cemetery in the southwestern portion of Pennsylvania. In the interest of time and space, I will not elaborate on these projects both of which have been authorized by the Senate Committee on Veterans Affairs in S. 1076 and S. 695 respectively and are outlined in the accompanying reports. You and I discussed them yesterday and I believe we had a meeting of the minds in which I understood that you will seek at least limited funding for both projects during conference. Is this the understanding of Senator BOND as well?

Mr. BOND. The Senator from Pennsylvania is correct. I know how important these projects are to you and veterans in Pennsylvania. While I cannot guarantee an outcome, I will do my best to secure design funds for these projects when we meet with the House in conference on the bill.

Mr. JOHNSON. Mr. President, I am pleased to have joined my colleague Mr. WELLSTONE from Minnesota in offering an amendment to the Fiscal Year 2000 VA-HUD Appropriations bill to increase funding for veterans health care by an additional \$1.3 billion. This would create a \$3 billion increase in VA health care funding—the level called for by the Independent Budget produced by a coalition of veterans organizations.

Before I begin, I would like to take a minute and make a few comments on the amendment that the Senate already has accepted. First, I want to thank Senators BOND and MIKULSKI for offering the amendment to add an additional \$600 million for veterans' health care. By accepting this amendment, the total increase for veterans' health care in this piece of legislation is now \$1.7 billion. I am pleased that my colleagues recognize the dire situation facing the Veterans Administration and our nation's veterans because of past negligence in meeting the needs of veterans health care.

I supported the amendment, and I have asked to be added as a cosponsor. However, as I understand it, this \$1.7 billion will provide only momentary relief to a VA system which has been drastically underfunded for the past three years. That is why Senator WELLSTONE and I offered an amendment to give even more to veterans, who in service of their country gave everything they had to protect this democracy.

Mr. President, let me begin by saying that this is the fourth consecutive year, that the Clinton Administration has proposed a flat-line appropriation for veterans' health care in its FY 2000

budget request. The VA's budget included a \$17.3 billion appropriation request for the Veterans Health Administration (VHA). Although, the Clinton Administration's request included allowing the VA to collect approximately \$749 million from third-party insurers—\$124 million more than in FY 1999, this cap on medical spending places a greater strain on the quality of patient care currently provided in our nation's VA facility, especially when meeting the needs and high health costs of our rapidly aging World War II population.

Our nation's veterans groups have worked extensively on crafting a sensible budget that will allow the VA to provide the necessary care to all veterans. They have offered an Independent Budget that calls for an immediate \$3 billion increase for VA health care to rectify two current deficiencies in the VA budget. First, the VA has had to reduce expenditures by \$1.3 billion due to their flatlined budget at \$17.3 billion. These were mandatory reductions in outpatient and inpatient care and VA staff levels that the VA had to make due to their flatlined budget.

The remaining \$1.7 billion is needed to keep up with medical inflation, COLAs for VA employees, new medical initiatives that the VA wants to begin (Hepatitis C screenings, emergency care services), long term health care costs, funding for homeless veterans, and treating 54,000 new patients in 89 outpatient clinics.

Although we have increased veterans' health care by a total of \$1.7 billion, and which certainly will help relieve some of the VA's budgetary constraints, I believe that more needs to be done. The veterans community has requested that VA health care needs to be augmented by \$3 billion to ensure the provision of accessible and high quality services to veterans.

That is why Senator WELLSTONE and I offered an amendment, and which I remind my colleagues the Senate unanimously accepted 99-0, during consideration of the budget resolution that raised VA health care to a total of \$3 billion. The nation's top veterans groups (AMVETS, Blinded Veterans Association, Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars and Vietnam Veterans of America) voiced their strong support for our amendment, however, the final budget resolution contained an increase of only \$1.7 billion.

I agree with the coalition of veterans organizations that have put together a sensible and responsible alternative VA budget—that an infusion of approximately \$3 billion into the VA health budget is needed this year in order to avoid an unconscionable destruction of our nation's commitment to its veterans. Without such a funding boost,

framed within a balanced federal budget, we will soon be witnessing enormous VA staffing reductions, degradation of VA health care quality, the termination of needed programs, and the closure of VA hospitals. Our hopes of establishing VA outreach clinics in such communities as Aberdeen, South Dakota will be impossible without an increase in funding.

That is why Senator WELLSTONE and I are offering this amendment. The veterans community has done all the research and is acutely aware of the glaring health care needs that the VA must contend with in order to care for our nation's veterans. Our amendment would take \$1.3 billion from the non-Social Security surplus and designate it as emergency spending for veterans' health care. The funding required for this amendment represents a minute fraction of the total federal budget that we are debating here today. However, the funding we set aside to improve accessibility and quality of care within our veterans health care system will provide a tremendous boost for an already stretched and fractured VA medical system.

Mr. President, since I began my service in Congress over twelve years ago, I have held countless meetings, marched in small town Memorial Day parades, and participated in Veterans Day tributes with South Dakota's veterans. As the years go on their concerns remain the same. To ensure that Congress provides the VA with adequate funding to meet the health care needs for all veterans. Without additional funding South Dakota VA facilities will continue to face staff reductions, cutbacks in programs, and possible closing of facilities.

Too often, I have received letters from veterans who must wait up to three months to see a doctor. For many veterans who do not have any other form of health insurance, the VA is the only place they can go to receive medical attention. They were promised medical care when they completed their service and now many veterans are having to jump through hoops just to see a doctor.

It is time for Congress to end this neglect and fiscal irresponsibility when it comes to providing decent health care for veterans. I think Senator WELLSTONE would agree with me that no one in this body would accept three years of flat-lined budgets if we were talking about the Department of Defense or national security funding. But that is exactly what we've done to our veterans. Every year we labor through the appropriations process and every year veterans funding is treated as an afterthought and not one of our first priorities.

As Congress makes spending decisions for fiscal year 2000, we also will have to decide what to do with the non-Social Security surplus for next year.

Shouldn't we be able to use some of that surplus to address the immediate problems of veterans health care? I think our veterans deserve nothing less, and we should make a committed effort to give the VA all the resources it needs to operate effectively.

I want to thank my friend, Mr. WELLSTONE, for working with me on this endeavor to do what we feel is our obligation to our veterans. The veterans community is fortunate to have such a vigilant advocate in Senator WELLSTONE who has displayed tremendous passion and leadership when it comes to ensuring that our nation's commitment to our veterans is not forgotten.

As we enter the twilight of the Twentieth Century, we can look back at the immense multitude of achievements that led to the ascension of the United States of America as the preeminent nation in modern history. We owe this title as world's greatest superpower in large part to the twenty-five million men and women who served in our armed services and who defended the principles and ideals of our nation.

From the battlefields of Lexington and Concord, to the beaches of Normandy, and to the deserts of the Persian Gulf, our nation's history is replete with men and women who, during the savagery of battle, were willing to forego their own survival not only to protect the lives of their comrades, but because they believed that peace and freedom was too invaluable a right to be vanquished. Americans should never forget our veterans who served our nation with such dedication and patriotism.

Again, Mr. President, I applaud Chairman BOND and Senator MIKULSKI for recognizing the shortcomings in this VA-HUD Appropriations bill by increasing veterans' health care by an additional \$1.7 billion. Senator WELLSTONE and I believe that we can go even further, and we ask for the Senate's support. We have an obligation to provide decent, affordable, health care for America's veterans. We should live up to our obligation to our nation's veterans and ensure that they are treated with the respect and honor that they so richly deserve.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, I say to my colleague from Missouri, we are now working through some colloquies. Some are a little bit more chatty and we have not had a chance to review them all. We will be prepared tomorrow to present them to the Senate.

Mr. President, I say to my colleague from Missouri, we have concluded our actions for today.

MORNING BUSINESS

Mr. BOND. Mr. President, I ask unanimous consent that the Senate proceed

to a period for morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE COMPREHENSIVE TEST BAN TREATY

Mr. DASCHLE. Mr. President, two years ago today, on September 23, 1997, the Comprehensive Nuclear Test Ban Treaty was read for the first time and referred to the Senate Foreign Relations Committee. Unfortunately, instead of coming to the Senate floor to commend the Senate for ratifying the CTBT or for taking steps toward that end, I must come to point out the Senate has done absolutely nothing on CTBT. Not a hearing, not a vote. And I must confess up front, I do this with a sense of confusion, disappointment, and profound regret over the Republican majority's inaction on this important treaty since its submission to the Senate.

The Republican majority's unwillingness to permit the Senate to take even a single step forward on a treaty to ban all nuclear testing has me and many observers confused for a variety of reasons. First, the Comprehensive Test Ban Treaty has been enthusiastically and unequivocally endorsed by our senior military leaders, both current and former. In testimony before the Senate Armed Services Committee, General Hugh Shelton, Chairman of the Joint Chiefs of Staff, stated "the Joint Chiefs of Staff support ratification of this treaty." The current chairman and fellow service chiefs are not alone in their support for CTBT. In fact, the four previous occupants of the chairman's seat have endorsed this treaty. Former Chairmen General John Shalikashvili, General Colin Powell, Admiral William Crowe, and General David Jones issued a statement on the treaty and the additional safeguards proposed by the President. Their statement concluded "with these safeguards, we support Senate approval of the CTB treaty."

Second, several Presidents, both Republican and Democratic, have supported a comprehensive ban on nuclear testing. In fact, Presidents as far back as President Eisenhower have worked to make this prohibition a reality. On May 29, 1961, President Eisenhower said the failure to achieve a test ban "would have to be classed as the greatest disappointment of any administration, of any decade, of any party." Similar statements have been made by Presidents in every subsequent decade. And if this Congress fails to act, Presidents in the next millennium unfortunately will be uttering comparable remarks.

Third, the overwhelming majority of the American people, approximately 82 percent, have indicated they endorse immediate Senate approval of the